## 

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 JUN 23 AM 7: 21

|                                |                                 |  | Office Use Only  |
|--------------------------------|---------------------------------|--|--|
| NAME OF<br>COMMITTEE (in full) | (Check if name is changed)      | Example: If typing, type over the lines.                                     | 12FE4M5  |
| COMMON S                       | SENSE GUN L                     | EGISLATION   |  |
|                                | <u> </u>                        |  |  |
| ADDRESS (number and stre       | 1140 5th A                      | VENUE S  |  |
| (Check if addres               | SUITE 301                       |  |  |
| is changes,                    | EDMONDS CITY A                  |  | <b>WA</b>  98020  -                                    |
| COMMITTEE'S E-MAIL AD          | DDRESS                          |  |  |
| (Check if addres               |                                 | NSEGUNCONTR  | OL@POLITICIAN.COM                                      |
| ses is changed)                | Optional Second E-Mail          | Address  |  |
|                                |                                 |  |  |
|                                |                                 |  |  |
| COMMITTEE'S WEB PAGE           | E ADDRESS (URL)                 |  |  |
| (Check if address is changed)  | ss Liliania                     |  |  |
|                                |                                 |  |  |
| 2. DATE 06                     | 13 (2015)                       |  |  |
| 3. FEC IDENTIFICATIO           | ON NUMBER ▶                     | 00577718   |  |
| 4. IS THIS STATEMENT           | NEW (N) OR                      | XXX AMENDED (A)  |  |
| I certify that I have examin   | ned this Statement and to the b | est of my knowledge and belief   | it is true, correct and complete.                      |
| Type or Print Name of Tree     | asurer JOHN L.                  | /ILLESVIK  |  |
| Signature of Treasurer         |                                 |  | Date 06 13 2015  |
| NOTE: Submission of false,     |                                 | on may subject the person signing  | g this Statement to the penalties of 52 U.S.C. §30109. |
| Office<br>Use                  |                                 | For further Information<br>Federal Election Commit<br>Tall Free 800-424-9530 |  |

|    | FEC Fo                         | m 1 (Revised 02/2009)  | Page 2                                   |
|----|--------------------------------|--|--|
| 5. | TYPE OF C                      | OMMITTEE  Committee:   |  |
|    | (a)                            | This committee is a principal campaign committee. (Complete the candidate information below.)  |  |
|    | (b)                            | This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)  | plete the candidate                      |
|    | Name of<br>Candidate           |  |  |
|    | Candidate<br>Party Affiliation | Office Sought: House Senate President  | State District                           |
|    | (c)                            | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
|    | Name of<br>Candidate           |  |  |
|    | Party Con                      |  |  |
|    | (d)                            | and the second s | (Democratic,<br>Republican, etc.) Party. |
|    | Political A                    | ction Committee (PAC):   | •  |
|    | (e)                            | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-  | nected organization is a:                |
|    |                                | Corporation Corporation w/o Capital Stock  | Labor Organization                       |
|    |                                | Membership Organization Trade Association  | Cooperative                              |
|    |                                | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
|    | (f) XX                         | This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)  | gregated fund or party                   |
|    |                                | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
|    |                                | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |
|    | Joint Fund                     | raising Representative:  |  |
|    | (g)                            | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.  | vo or more political                     |
|    | (h)                            | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.   | o or more political                      |
|    | Com                            | mittees Participating in Joint Fundraiser  |  |
|    | 1.                             | FEC ID number C  |  |
|    | 2.                             | FEC ID number  |  |
|    | <b>3</b> .                     | FEC ID number  |  |
|    | 4.                             | FEC ID number  |  |

| FEC Form 1 (Revised   |  | Page 3                          |
|---|--|---------------------------------|
| Write or Type Committee Nam   | 9  |                                 |
|   |  |                                 |
| 6. Name of Any Connected  | Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders | ship PAC Sponsor                |
| NONE  |  | 11111                           |
|   |  |                                 |
| Mailing Address   |  |                                 |
| Maining Address   |  | 111111                          |
|   |  | <del>- - - - - - -</del>        |
|   | CITY STATE   | ZIP CODE                        |
|   |  |                                 |
| Relationship: Connecte  | ed Organization Affiliated Committee Joint Fundraising Representative            | adership PAC Sponsoi            |
| <ol> <li>Custodian of Records: Idea<br/>books and records.</li> </ol> | entify by name, address (phone number optional) and position of the person in po | ssession of committee           |
| Full Name   |  |                                 |
| Mailing Address   |  |                                 |
|   |  | <del></del>                     |
|   |  |                                 |
| Title or Position   | CITY STATE   | ZIP CODE                        |
| TREASURE  | 3 , , , , ,  | 1 1                             |
|   | Telephone number   |                                 |
| 8. Treasurer: List the name at any designated agent (e.g.,            |  | ame and address of              |
| Full Name of Treasurer  | N.L. VILLESVIK   | <u>. L. L. L. L. L. L. L. L</u> |
| Mailing Address   | 1140 5th AVENUE S.   |                                 |
|   | SUITE 301  | <u> </u>                        |
|   | EDMONDS WA 980   | 20  -  , , ,                    |
| Title or Position   | CITY STATE   | ZIP CODE                        |
| TREASURE  | R Telephone number 425 1-8   | 31   2514                       |

|                | Full Name of<br>Designated<br>Agent            | L          | <u> </u> |         | _11                                    |          | LL         |       |        |       | <u></u>                                 | 1_     |      | <u></u> |          | 1    | 1       |           |      |  | L           |      | <u> </u>    |        | 1_1        | لــ |
|----------------|--|------------|----------|---------|--|----------|------------|-------|--------|-------|---|--------|------|---------|----------|------|---------|-----------|------|--|-------------|------|-------------|--------|------------|-----|
|                | Mailing Address                                |            | L        |         |  |          | ш          |       | ш      |       | لــــــــــــــــــــــــــــــــــــــ |        | 1_   | Ш       | L        |      | <u></u> | <u></u>   |      | نـــــــــــــــــــــــــــــــــــــ |             |      | L           |        |            | لـ  |
|                |  |            | نــا     |         |  |          | ш          | 1     | 11     |       | LI                                      |        | J    | 11      |          |      |         | إنا       |      | J                                      |             |      | لمبل        | 1      | 4.4        | لــ |
|                | •  |            | لــا     |         |  |          | <u>L 1</u> |       | ш.     |       | Ш                                       |        |      | لــا    |          | L    |         | ]         | L    | 1                                      | ш           |      | <b>J</b> -L |        |            | لـ  |
|                |  |            |          |         |  |          | CI         | TY    |        |       |   |        |      |         |          | STA  | ΤE      |           |      |  | Z           | IP ( | CODE        | •      |            |     |
|                | Title or Position                              |            | 1.1.     | <u></u> |  | <u> </u> |            |       | _      |       |   | Tele   | pho  | ne i    | num      | ber  | l       | 1         |      | ]-                                     |             |      | J-L         |        |            | لـ  |
| 150x1 14X 2374 | Banks or Other safety deposit be Name of Bank, | oxes or m  | aintains |         |  | or of    | ther       | depo  | sitori | es ir | n wh                                    | iich t | he ( | com     | mitte    | ee d | epo:    | sits<br>L | func | ls, h                                  | olds<br>( ( | acc  | ounts       | i, rei | nts<br>ı ı |     |
| 7              | Mailing Address                                |            |          |         |  | ·        | 1 1        | I     | 1 1    |       | 1                                       | !!!    | 1    | 1       | <u> </u> | ı    | 1       |           |      | 1                                      | 1 1         | 1    | 1 1         |        | 1 1        |     |
| 4              | <b>3</b>                                       |            | L        |         | لـــــــــــــــــــــــــــــــــــــ | 1        | 1 1        | _ 1 _ | 1 1    | _1    | 1                                       | L      | .1   | 1       | I        | . 1  | L       |           | L.   | 1                                      | L_I         | 1    | ند ا        | 1      | . 1 . 1    |     |
|                |  |            |          |         |  |          |            |       |        |       | _1                                      |        |      |         |          | L    | 1:      | <br>J     | L    |  |             |      | <br>_]-[    |        |            |     |
|                |  |            |          |         |  |          | С          | ITY   |        |       |   |        |      |         |          | STA  | ATE     |           |      |  | :           | ΖIP  | CODI        | E      |            |     |
|                | Name of Bank,                                  | Depository |          | DΛ      | NU/                                    | •        |            |       |        |       |   |        |      |         |          |      |         |           |      |  |             |      |             |        |            |     |

CITY

WA

STATE

98020

ZIP CODE

FEC Form 1 (Revised 02/2009)

Mailing Address

Page 4

(559 Les 5 1140 55 pre 5 #301 Edmonds, With

THE JUNE SOLS PRINT

Festeral Election Convission

Washington DC

Helle of the Helphylle of the Helle of the Helphylle of t

2015 JUN 23 RM 7:21

SEATTLE WA 980

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

| ·   |                        |
|---|------------------------|
| Hand Delivered                                    | Date of Receipt        |
| Postmarked  | Date of Receipt        |
| USPS First Class Mail                             | c/                     |
| 6/16/15   | 6/23/15                |
|   | Rostmarked (R/C)       |
| USPS Registered/Certified                         | ,                      |
|   | <del></del>            |
| USPS Priority Mail                                | Postmarked             |
|   |                        |
|   | ·                      |
|   | <del></del>            |
| LIONO Division Marie                              | Postmarked             |
| USPS Priority Mail Express                        | •                      |
|   | <del>-, -, -, -,</del> |
| Postmark Illegible                                | •                      |
|   |                        |
|   |                        |
| No Postmark                                       |                        |
|   |                        |
|   | Shipping Date          |
| Overnight Delivery Service (Specify):             |                        |
| Novt Ducines                                      | a Day Daliyanı         |
| Next busines                                      | s Day Delivery         |
|   | Date of Receipt        |
| Received from House Records & Registration Office | bate of Receipt        |
| [ ]   |                        |
|   | Date of Receipt        |
| Received from Senate Public Records Office        |                        |
|   |                        |
|   | Date of Receipt        |
| Received from Electronic Filing Office            |                        |
| Data of P   | eceipt or Postmarked   |
| Other (Specify):                                  | eceipi or Posimarkeu   |
| Chief (Opeciny).                                  |                        |
|   | / /                    |
|   | 06/23/15               |
| I MA  | / /                    |
| PREPARER / / / /                                  | DATE PREPARED          |
| (3/2015)  |                        |